F93000005400

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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R.A. Change

8. Octable JUN 0 6 2008



UN SENTICE CUMPANT
ACCOUNT NO. : 072100000032
REFERENCE : 595408 4324699
AUTHORIZATION: Spellena
COST LIMIT : 65.00
ORDER DATE : June 3, 2008
ORDER TIME : 10:58 AM
ORDER NO. : 595408-025
CUSTOMER NO: 4324699
CHANGE OF AGENT
NAME: LO PROPERTIES, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Joyce Markley
EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or cange is submitted for a corporation organized under the ler to change its registered office or registered agent, or	e laws of the State of Illinois	5
1. The name of	the corporation: LO PROPERTIES, INC.		
	l office address:ara Shuman, 2 N. Riverside Plaza - Suite 6	500 Chicago II 60606	· · · ·
	address (if different):		
4. Date of incor	rporation/qualification: 11/29/1993 Docume	ent number: F9300005400)
	nd street address of the current registered agent and regis	stered office on file with the	
	The Prentice-Hall Corporation System, I	nc.	
	1201 Hayes Street, Suite 105		
	Tallahassee, FL 32301	7.0	
6. The name and (if changed):		and /or registered office HAS:	9-NOF 80
	Corporation Service Company		3 17
	1201 Hays Street (P.O. Box NOT acceptable)	FST	- C
	Tallahassee, FL 32301	ATE	6
as changed will		_	l agent,
Such change was authorized by the	vas authorized by resolution duly adopted by its board the board, or the corporation has been notified in writi	of directors or by an officer soing of the change. Cullen, Attorney in Fact	
(Signatu	ture of an officer or director)	(Printed or typed name and title)	
I herefy accept I further agree to of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to the lamble of the colligation of my ing filed merely to reflect a change in the registered of the notified in writing of this change. It is change. It is Service Company	t in this capacity. to the proper and complete perfo position as registered agent. O office address, I hereby confirm	ormance r, if this that the
D C	ighature of Register (PAgent) May 28,		
·	9	(Date)	
	ehalf of an entity:		
	ppet, Asst. VP Typed or Printed Name)		
	* * * FILING FEE: \$35.00 * *	* *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)